PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10798731

CLAIMS AS FILED - PART I (Column 1) (Colu						umo 2)		SMALLE TYPE [NTITY	OR	OTHEI SMALL	R THAN ENTITY
1	OTAL CLAIM:	24].	RATE	FEE	٦	RATE	FEE	
F	FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		* 4			X\$ 9=	36	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*		٠	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRÈSE				SENT				+145=		OR		
*1	* If the difference in column 1 is less than zero, enter "0" in column 2						. !	TOTAL	421	OR	TOTAL	
		CLAIMS AS AMENDED - PART II							<u> </u>		OTHER	
AMENDMENT A		(Column 1)	(Colun			(Column 3)	i) T	SMALL		OR 7	SMALL	
	<u> </u>	REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	BER JUSLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
	Total	*	Minus	**	*	= •		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
L	FIRST PRESE	ENTATION OF M	JETIPLE DE	PENDENT	CLAIM			`+145=		OR	+290=	
							L	TOTAL		ا _ ا	TOTAL	
	(Column 1) (Column 2) (Column 3)							ODIT. FEE		10	ADDIT. FEE	L
<u> </u>		(Column 1) CLAIMS	· · · · · · · · · · · · · · · · · · ·	HIGHE		(Column 3)	lr	· · · · · · · · · · · · · · · · · · ·	4001	1 r		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY "	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
	Total	* .	Minus	4**		=		X\$ 9=		OR	X\$18=	
	Independent	* .	Minus ⁻	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				CLAIM	ا ــــا		+145=		OR	+290=	
·								TOTAL		OR ,	TOTAL	<u>`</u>
		(0.1		10.1		(0.1	А	DOIT, FEE L		Ι Ο μ	ODIT. FEE l	
	,	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	-			г	· · · · · · · · · · · · · · · · · · ·	
Z	`	REMAINING AFTER AMENOMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	•		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total =	A	Minus	4-4;		1:		X\$ 9=		OR	X\$18=	
	Independent	.*	Minus	4:4 tr		<u></u>	-	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			- CIA		
								+145=		OR L	+290=	
** is	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 									⊶ DR _{AL}	TOTAL DOIT FEE	
	*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 30. ****If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											